

354S FIRE SUPPRESSION SYSTEM TRANSMITTAL LETTER

(To be submitted by Georgia Licensed Fire Sprinkler Contractor - C of C and Designer printed names, Georgia License # of each, and original signatures must be on sprinkler shop drawings)

INSURANCE & SAFETY FIRE COMMISSIONER
SAFETY FIRE DIVISION
TELEPHONE: 404-656-7087 FAX: 404-657-7009

SUITE 620 WEST TOWER, FLOYD BUILDING
2 MARTIN LUTHER KING JR. DRIVE
ATLANTA, GEORGIA 30334

Please FILL OUT the following COMPLETELY:

DATE: _____

TYPE OF PLANS: _____ SPRINKLER _____ OTHER _____ EXISTING _____ NEW

FACILITY NAME: _____ PHONE: _____

PROJECT NAME: _____

STREET ADDRESS (PHYSICAL LOCATION): _____

CITY: _____ COUNTY: _____ ZIP: _____

TYPE OF OCCUPANCY (PER LIFE SAFETY CODE 101):

_____ ASSEMBLY	_____ AMBULATORY HEALTH	_____ COLLEGE	_____ DAY CARE
_____ EDUCATION	_____ HOSPITAL	_____ INDUSTRIAL	_____ INSTITUTION
_____ MERCANTILE	_____ NURSING HOME	_____ OFFICE	_____ PERSONAL CARE
_____ RACE TRACK	_____ RESIDENTIAL	_____ STORAGE	

OWNER: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: _____

SPRINKLER COMPANY: _____ PHONE: _____

C of C NAME _____ C of C NUMBER: _____

Designer NAME _____ Designer NUMBER: _____

ADDRESS: _____ Contractor's NUMBER: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: _____

PLEASE SUBMIT 2 SETS OF PLANS, 2 SETS OF HYDRAULIC CALC'S, 1 SET OF MANUFACTURER DATA:

If approved: GSFMO will keep one set of plans and hydraulics calc's. All others will be returned marked.

If disapproved: All plans, calculations, and cut sheets will be returned for resubmittal.

PURPOSE OF SUBMISSION:

_____ REVIEW/APPROVAL _____ RESUBMISSION _____ INFORMATION _____ OTHER: _____

PROJECT INFORMATION:

SQUARE FEET: _____ ESTIMATED COST: _____

TOTAL STORIES OF BUILDING: _____ IS THERE A BASEMENT? ☐ YES ☐ NO

NUMBER OF SPRINKLERS: _____

EST. PROJECT COMPLETION DATE: _____

RETURN PLANS TO:

No Post Office Box Address

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Note: ANY submittal RECEIVED without a COMPLETED 354S TRANSMITTAL LETTER will be RETURNED.

This includes addendum, resubmission, and any other item submitted for review.